

Name  
in  
Full

Ann Elizabeth Redudge

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chestertown</u>		Town <u>Kent</u> County		MARYLAND			
Date of death <u>1906</u>	Month <u>5</u>	Day <u>16</u>	Age <u>77</u> Years	Months <u>6</u>	Days <u>6</u>		
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co</u>					
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>						
Name of Wife or Husband <u>Mo K. Redudge</u>							
Father's Name <u>Joseph Ruggied</u>	Father's Birthplace <u>Kent Co MD</u>						
Mother's Maiden Name <u>Ann Owschanks</u>	Mother's Birthplace <u>Kent Co MD</u>						
Name of person giving Information <u>JK Redudge</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Disease of Heart Valve

How long 6 or 8 years

Immediate

Hypertosis of heart - Heart failure

How long

3 or 4 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm F. Jones

Chestertown

MD

Accident or Suicide?

John N. Dodd  
undertaker

Name  
in  
Full

Reba V. Baynard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birth-place	Death-Cause	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Frank Baynard			Father's Birthplace	Cecil Co	
Mother's Maiden Name	Mary V. Bordley			Mother's Birthplace	Kent Co	
Name of person giving information	Frank Baynard			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Suppression of urine

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. Gourman M.D.

Middleton Md

Yes

Accident or Suicide?

Millington

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sandy Bottom</u>			Buchamps County Kent		CERTIFICATE OF DEATH	
Date of death	Month	Day	Years	Months	Days	
1906	March	27	Age			
Sex	Female	Color or Race	White	Birth- place	<u>Sandy Bottom</u>	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Owen Connolly Beachamp</u>					
Mother's Maiden Name	<u>Lidie Jacobs Rollison</u>					
Name of person giving Information	<u>Owen C. Beachamp</u>					
CAUSES OF DEATH						
Primary	<u>Still Born S.</u>				How long	
Immediate					How long	

PHYSICIAN  
OR CORONER

Signature

Are the name, age, sex, color, date  
and place correctly given above?

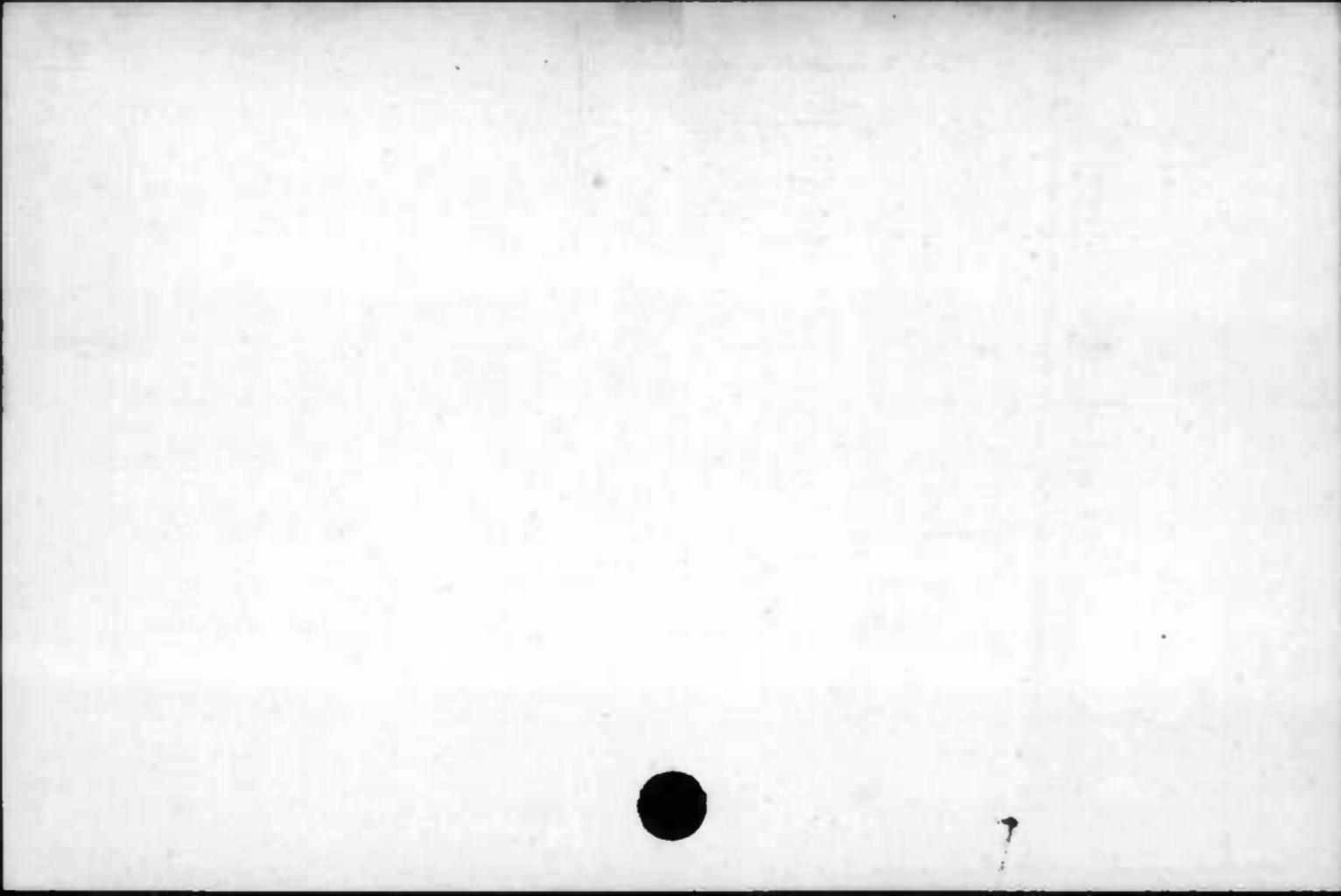
yes

Signature of  
Physician

Address

E.S. Weller M.D.  
Edenville Kent  
Conn.

Accident or Suicide?



Name  
in  
Full

Justus W. Berry

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at New Isabella		Town Kent		County Kent		MARYLAND	
Date of death 1906	Month March	Day 13	Age 7	Years	Months 9	Days 21	
Sex Male	Color or Race Black	Birth-place Kent Co., Md.					
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Benjamin Berry			Father's Birthplace	New Isabella, Md.		
Mother's Maiden Name	Lilly Harket			Mother's Birthplace	Kent Co., Md.		
Name of person giving Information	Benjamin Berry			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

1 week

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edward A. Scott

Accident or Suicide?



Name  
in  
Full

Mary Black

CERTIFICATE OF DEATH

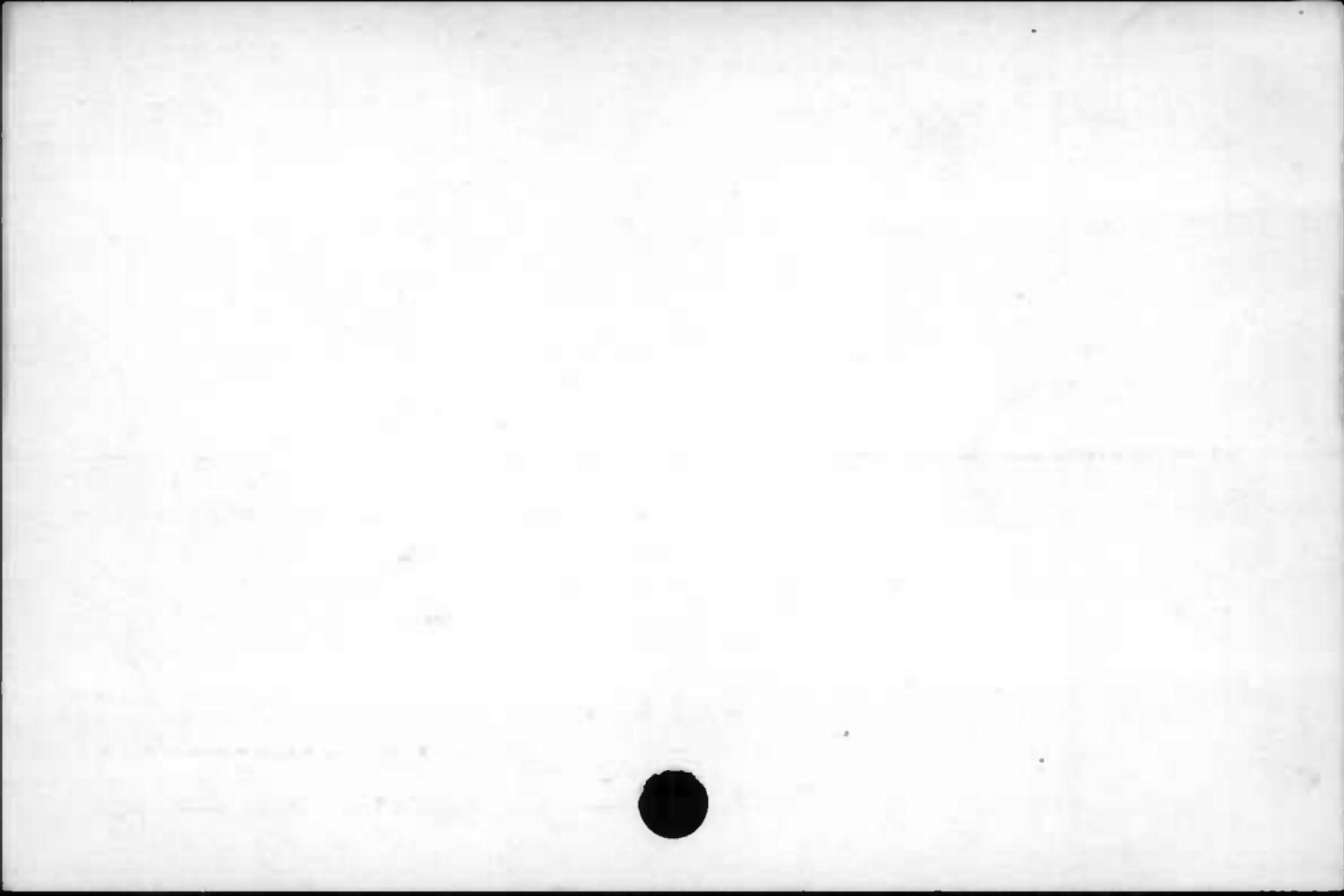
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>George Lins Service</u>		Town <u>near Berlin</u>	County <u>Kent</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>March</u>	Day <u>1</u>	Years <u>50</u>	Age <u>50</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>African</u>	Birth-place <u>Kent Co Md</u>				
Occupation <u>House Keeper</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph H Black</u>					
Father's Name <u>Archibald Woodward</u>	Father's Birthplace <u>Kent Co Md</u>					
Mother's Maiden Name <u>Mary Anna Ward</u>	Mother's Birthplace <u>Kent Co, Md</u>					
Name of person giving information <u>Joe H Black</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Left Side Paralysis</u>	How long <u>1/2 hr</u>
Immediate <u>Stroke</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Franklin Smith MD</u>
	Address <u>3rd St</u>
Accident or Suicide? <u>Sudden</u>	



Name  
in  
Full

Rebecca Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Tow	County	MARYLAND		
Date of death	1906	Month mar	Day 2nd	Year 80	Months	Days
Sex	Female	Color or Race	Col	Birth-place	Md	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Geo Chat			Father's Birthplace		
Mother's Maiden Name	Emaline?			Mother's Birthplace		
Name of person giving information	Isaac Bowers			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General debility

(54)

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

No Dr attending  
H. G. Simper Sec  
Local Board of Health

Accident or Suicide?

No

Jeff  
Broadn.

Name  
in  
Full

Annie Jane Brocon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Davis Hill	Town	County	MARYLAND		
Date of death 1906	Month Mar	Day 31	Age 7	Years	Months 3
Sex Female	Color or Race Black	Birth-place Davis Hill	Days 9		
Occupation —	Where Residing If not at place of death Davis Hill				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Walter Brocon	Father's Birthplace New C. Md				
Mother's Maiden Name Ravenna Blake	Mother's Birthplace New C. Md				
Name of person giving information Walter Brocon	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Brachitis  
Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

92

How long

6 weeks

How long

one year

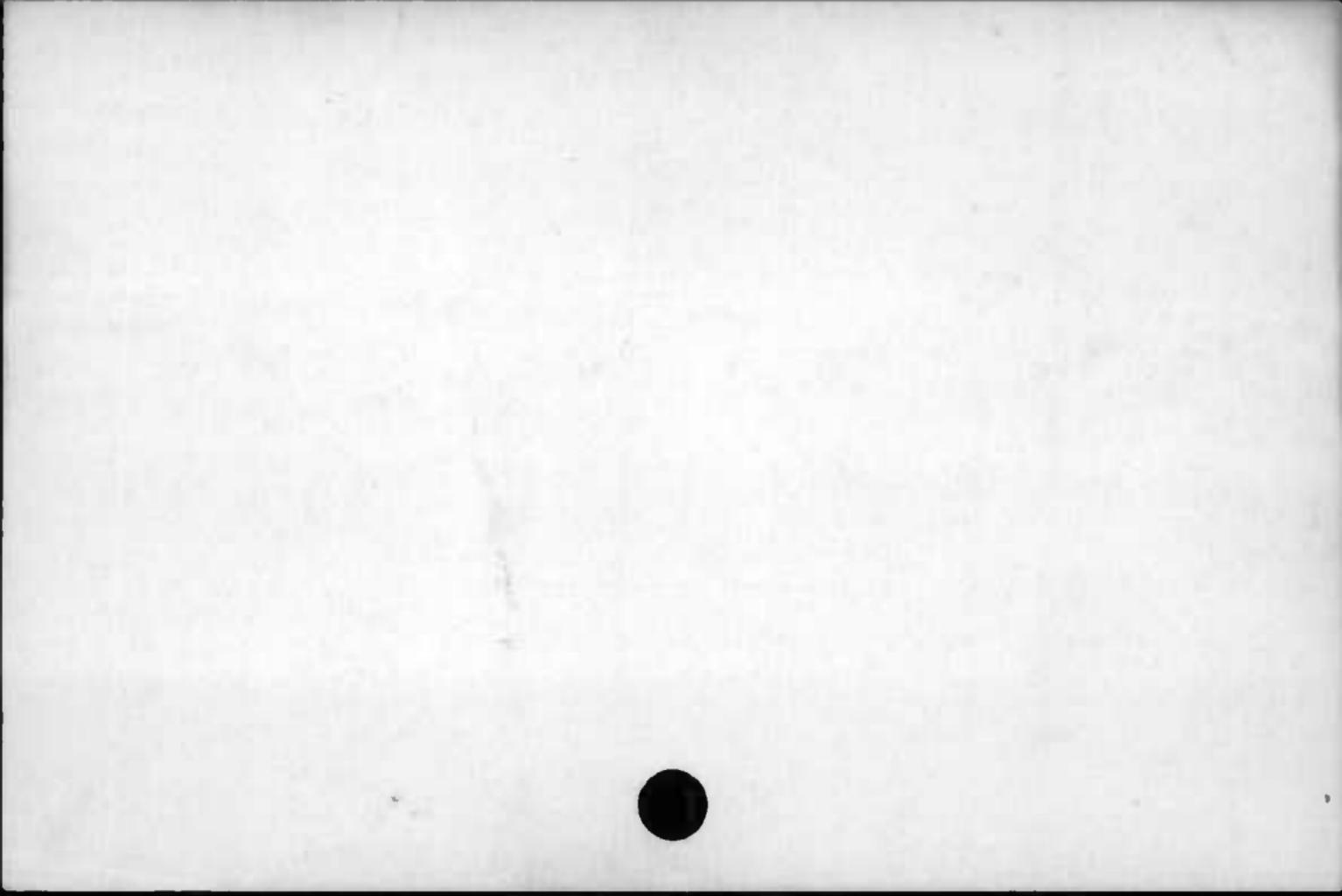
Signature of Physician

Address

G. S. Borsch.

Kennedyville  
Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Josephine Clark.

Town

County

Died at

Still Pond

Went

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1906 March 25

Age 31

6

—

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

married

J. Wm Clark.

Father's  
Name

Washington

Jones

Father's  
Birthplace

N. S.

Mother's  
Maiden Name

Amelia

Howard

Mother's  
Birthplace

N. S.

Name of person giving  
Information

J. Wm Clark.

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Tuberculosis

2

How long

2 Years.

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

L. P. Atwell M.D.  
Still Pond  
Md.

Accident or Suicide?

St. Paul,

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH				
Died at <u>St. Mary Still Pond</u> , <u>Town</u>		<u>Hunt</u> , <u>County</u>		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>8</u>	Age <u>78</u>	Years <u>78</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>		
Occupation <u>Plasterer</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband			
Father's Name <u>Sister Cole</u>	Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Martha Lynch</u>	Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Mrs. Galloway</u>	How related to deceased <u>Sister in law</u>			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <u>Paralysis.</u>		How long <u>8 days.</u>	
	Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. S. Maxwell,</u>	
		Address	<u>Still Pond, Md.</u>	
Accident or Suicide?				

Still Pond

Chas Henry Coleman

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Lynch</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Mar</u>	Day <u>22</u>	Age <u>1</u>	Years <u>1</u>	Months <u>2</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race	<u>White</u>		Birthplace		<u>Md</u>
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	<u>Harry G Coleman</u>		Father's Birthplace		<u>Md</u>	
Mother's Maiden Name	<u>Malteri Maddell</u>		Mother's Birthplace		<u>Md</u>	
Name of person giving information	<u>HG Coleman</u>		How related to deceased		<u>Father</u>	
CAUSES OF DEATH						

Primary	<u>Idiopathic hydrocephalus</u>		How long	<u>5 weeks</u>
Immediate	<u>Convulsions</u>		How long	<u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>G J Barnick</u>	
		Address	<u>Kennedyville</u>	
Accident or Suicide?			<u>No</u>	



Louise Roseberry Crowding

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Morganville

Kent

Date of death

1906

Month

Mar 21

Day

Years

Age

Months

Days

Sex Female

Color or Race

White

Birth-place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Father's Name

Walter Crowding

Father's Birthplace

Md

Mother's  
Maiden Name

Alice Roseberry

Mother's Birthplace

Md

Name of person giving  
Information

W. Crowding

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Grievous Cold

90

How long

5 days

Immediate

Capillary Bronchitis

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. George Simmons

Address

Chestertown

Accident or Suicide?

No.

Still Bond

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Catherine Virginia Davis

Died at Bettontown		Town	County Kent		MARYLAND	
Date of death	1906	Month March	Day 26	Age 1	Month 2	Days 3
Sex Female	Color or Race		White		Birth-place Va.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Wm H. Davis		Father's Birthplace		U. S.	
Mother's Maiden Name	Bertha Herbert		Mother's Birthplace			
Name of person giving information	James G. Crew.		How related to deceased		Uncle	

## CAUSES OF DEATH

90

Primary

How long

Immediate

Infantile Bronchitis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Courtney,  
M. D.

Accident or Suicide?

Still Pond

Name  
in  
Full

Francis Gale

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Chesterstown		County	Kent		MARYLAND	
Date of death	Month	Day	Age	Years	75	Months	Days	
Sex	Male	Color or Race	Col	Birth-place	Da			
Occupation	Laborer							
Married, Single or Widowed	Widower							
Name of Wife or Husband								
Father's Name								
Mother's Maiden Name								
Name of person giving information	Louis Jackson							
Where Residing if not at place of death								

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Natural causes* (179) How long  
Immediate *No Dr attending* How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. G. Timper, Sec  
Local Board of Health  
Chesterstown, Md

Address

Accident or Suicide?



428

Name  
in  
Full

Gatilde Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

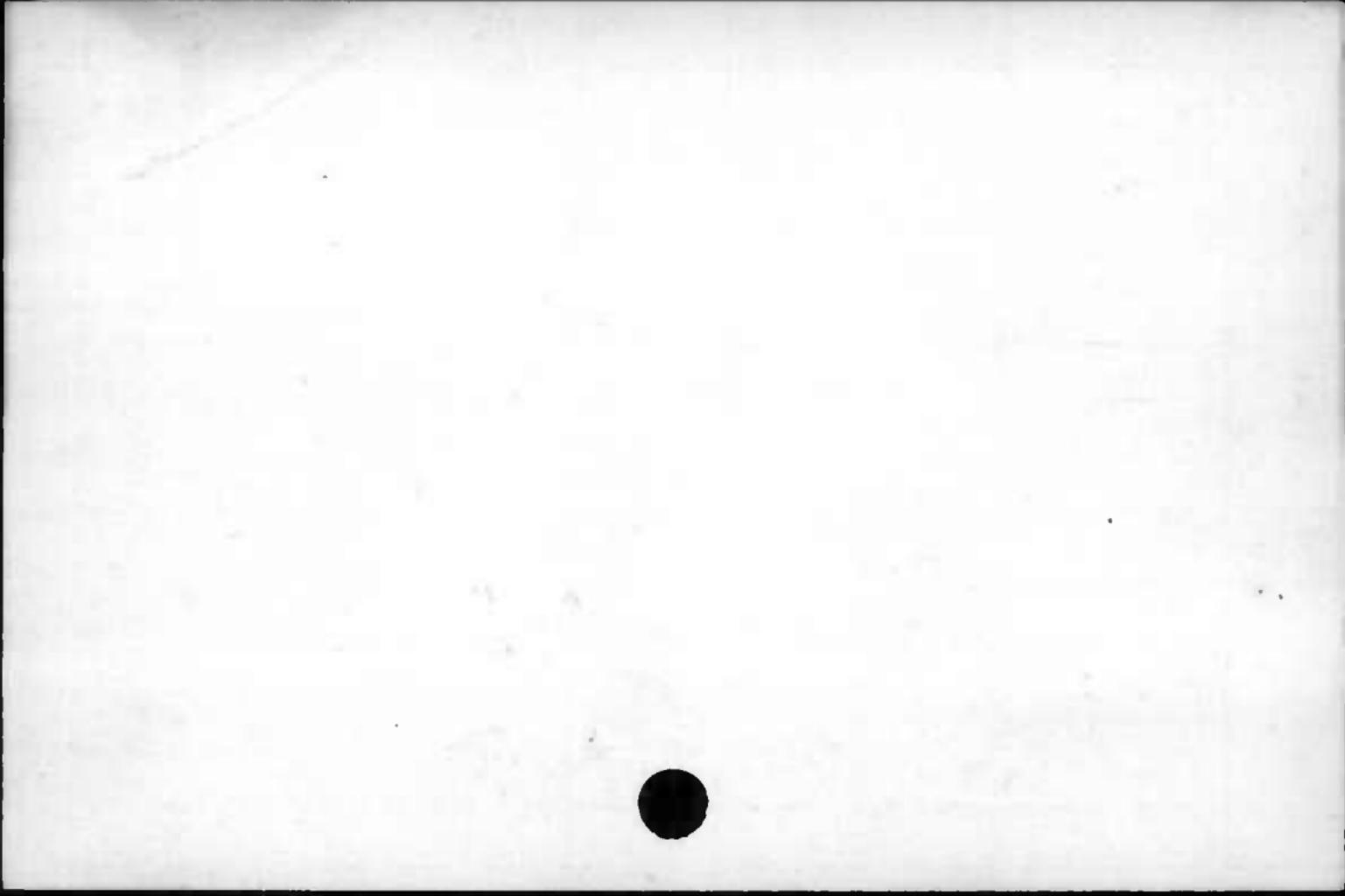
PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Black	Birth-place	Kent Co Md	
Occupation	Housewife.		Where Residing if not at place of death	—		
Married, Single or Widowed	Single.		Name of Wife or Husband	none		
Father's Name	George. Gross		Father's Birthplace	Kent Co Md		
Mother's Maiden Name	Anna Washington		Mother's Birthplace	Kent Co Md		
Name of person giving Information	Geo. Gross		How related to deceased	Father		

CAUSES OF DEATH

Primary	Double Pneumy	(93)	How long	3 days
Immediate	Emphyse		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Edward A. C. Chabot M.D.	
yes.		Address	1000 Highland Rd Chesterfield Park	

Accident or Suicide?



Name  
in  
Full

Cecelia Gordon

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

(66)

How long

2 months

Immediate

11

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

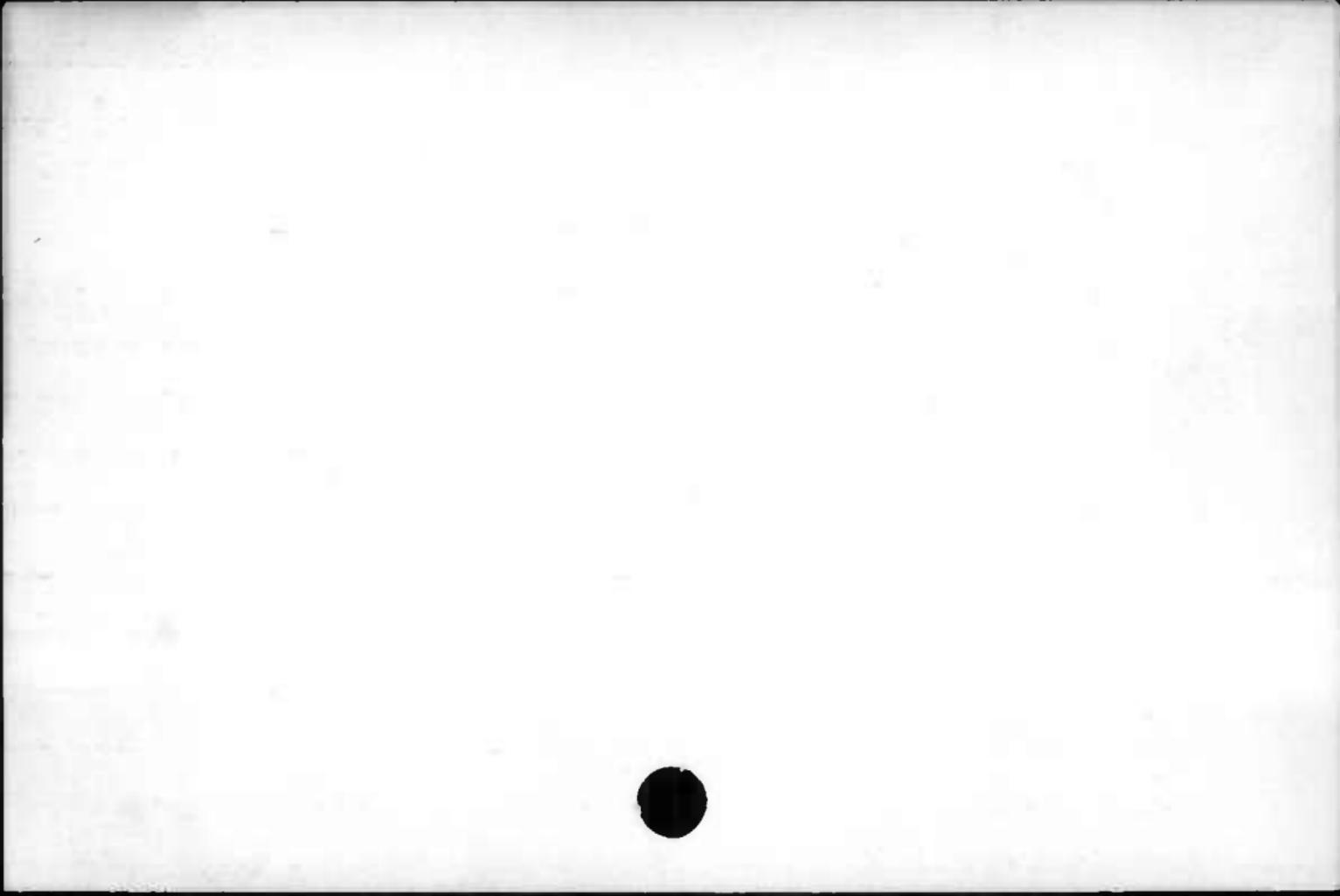
Signature of Physician

Address

A. Obregon  
7th Street -  
Tun

Accident or Suicide?

No



Name  
in  
Full

George Graves

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Chestertown</u>		County <u>Kent</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>21</u>	Age	Years	Months
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Kent Co</u>		Days	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Did not reside at home of Mrs. M. A. Wilkins, Chestertown</u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>-</u>			Father's Birthplace	
Father's Name	<u>Information does not know</u>				Mother's Birthplace
Mother's Maiden Name					How related to deceased
Name of person giving information <u>James A. Johnson</u>					<u>Son in law</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

1 week

Immediate

Pneumonia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Bangs Simmons  
Chestertown  
Md

Accident or Suicide? No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Maryland</u>		Town	<u>Jersey</u> <u>County</u>		County	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>28</u>	Age <u>5' 2</u>	Years	Months <u>11</u>	Days <u>830</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Cecil Co Md</u>		
Occupation <u>Physician</u>			Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife <u>Emma</u>		<u>Nicholson</u>			
Father's Name <u>John H. Jersey</u>				Father's Birthplace <u>Md. Cecil</u>		
Mother's Maiden Name <u>Laura E. Morgan</u>				Mother's Birthplace <u>Cecil Co</u>		
Name of person giving information <u>Mr. J. H. Jersey</u>				How related to deceased <u>Wif</u>		

## CAUSES OF DEATH

Primary <u>Locomotor Ataxia</u>	How long <u>60 or 8 years</u>
Immediate <u>Cerebral</u> <u>of Liver</u>	How long <u>1 year ?</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Frank Hayes</u>
	Address <u>Chestertown Md</u>

Is the certificate signed?

Chester Cemetery  
John N. Dodd  
undertaker

Name  
in  
Full

Robert Hutchinson Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Golto</u>		County <u>Kent</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>11</u>	Age <u>23</u>	Years	Months <u>-</u> Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Golto</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>=</u>				
Father's Name <u>Robert Hutchinson</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>-</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Robert Hutchinson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary 119 How long

Immediate Visitation of God in a natural way How long

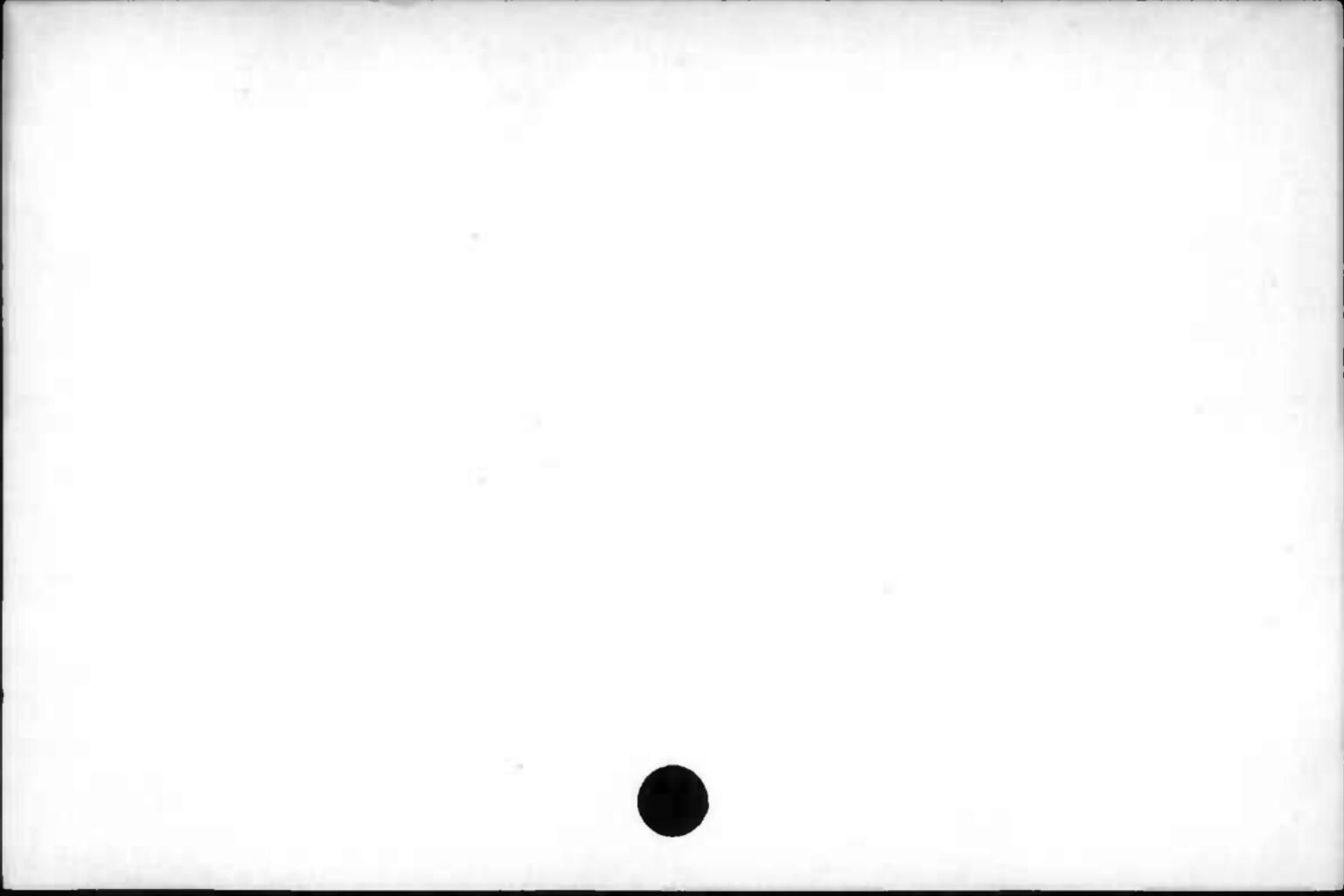
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry Parr acting Coroner  
Galeua  
md

Accident or Suicide?



Name  
In  
Full

Emily C Lusby

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	75	51	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband			
Father's Name	Joseph Marlton		Father's Birthplace			
Mother's Maiden Name	Sarah Lamb		Mother's Birthplace			
Name of person giving information	E Gertrude Lusby		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Degeneration of cortical cells

How long One year

Immediate Cardiac asthma, collapse

How long One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. G. Simper

Chestertown, Md

Accident or Suicide?

No

Chester Cemetery  
John N. Dodd  
undertaker

Name  
in  
Full

Wallace Miller Maslin

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	61		
Occupation	Waterman		Where Residing If not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Minnie Coleman			
Father's Name	John J Maslin		Father's Birthplace	Md		
Mother's Maiden Name	Mary Eades		Mother's Birthplace	Md		
Name of person giving Information	Minni Maslin		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic nephritis		How long	3 yrs
Immediate	Cardiac failure		How long	several minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Jumper	
		Address	Chestertown	
Accident or Suicide?	No			

Chesto Cemetery  
John N. Dodd  
Undertaker

Name

in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

James E. Mason						CERTIFICATE OF DEATH		
Died at		Town	Brent		County		MARYLAND	
Date of death	1906	Month	3	Day	6	Years	5	Months
Sex	Male	Color or Race	Black		Birth- place	Md		
Occupation								
Married, Single or Widowed								
Name of Wife or Husband								
Father's Name	David Tiller				Father's Birthplace	3rd		
Mother's Maiden Name	Cerina Mason				Mother's Birthplace	3rd		
Name of person giving Information	Cerina Mason				How related to deceased	Mother		

## CAUSES OF DEATH

Primary

Scrofula  
Pneumonia (93) How long  
3 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr W H Jacobs  
Millington Md

Geo. L Townsend Jr  
acting as coroner

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Benjamin W. Miller

Town *Still Pond* County *Clint*

CERTIFICATE OF DEATH

MARYLAND

Died at *Still Pond*  
Date of death *1906* Month *Mar* Day *22* Age *1* Years  
Months *2* Days *14*

Sex *Male* Color or Race *Colored*

Birth-place *Md.*

Occupation  
Where Residing if not at place of death

Married, Single or Widowed  
Name of Wife or Husband

Father's Name *Henry Miller*

Father's Birthplace *Md.*

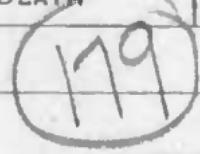
Mother's Maiden Name *Mary Stewart*

Mother's Birthplace *Md.*

Name of person giving information *Wm. Stewart*

How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Marasmus*  How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*L. P. Atwell M.D.  
Still Pond  
Md.*

Accident or Suicide?

Still Pond

Name  
in  
FullTo BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <u>Still Pond</u>		Town <u>Kent</u>	County <u>Kent</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Mar</u>	Day <u>22</u>	Age <u>33</u>	Years	Months <u>1</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Where Residing if not at place of death		<u>~</u>		
Occupation <u>Housewife</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Miller</u>					
Father's Name <u>Benjamin Stewart</u>					Father's Birthplace <u>MD</u>	
Mother's Maiden Name <u>Carol White</u>					Mother's Birthplace <u>MD</u>	
Name of person giving information <u>Wm. Stewart</u>					How related to deceased	<u>Brother</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Confinement -

(3)

How long

Immediate

Puerperal Sepsis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. Horatio Alley  
Still Pond, Md.

Address

Accident or Suicide?

Still Pond

Name  
in  
Full

Ellen Munson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Chestertown

County

Kent.

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1906. March.

31.

2.

Sex

Female.

Color or  
Race

Black.

Birth-  
place

Chestertown.

Occupation

n

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

George. Munson

Father's  
Birthplace

Kent Co. Md.

Mother's  
Maiden Name

Sylvia Rebecca Lee

Mother's  
Birthplace

Kent Co. Md

Name of person giving  
Information

Geo. Munson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

3 days.

Immediate

Heart.

1 day.

How long

Are the name, age, sex, color, date  
and place correctly given above?

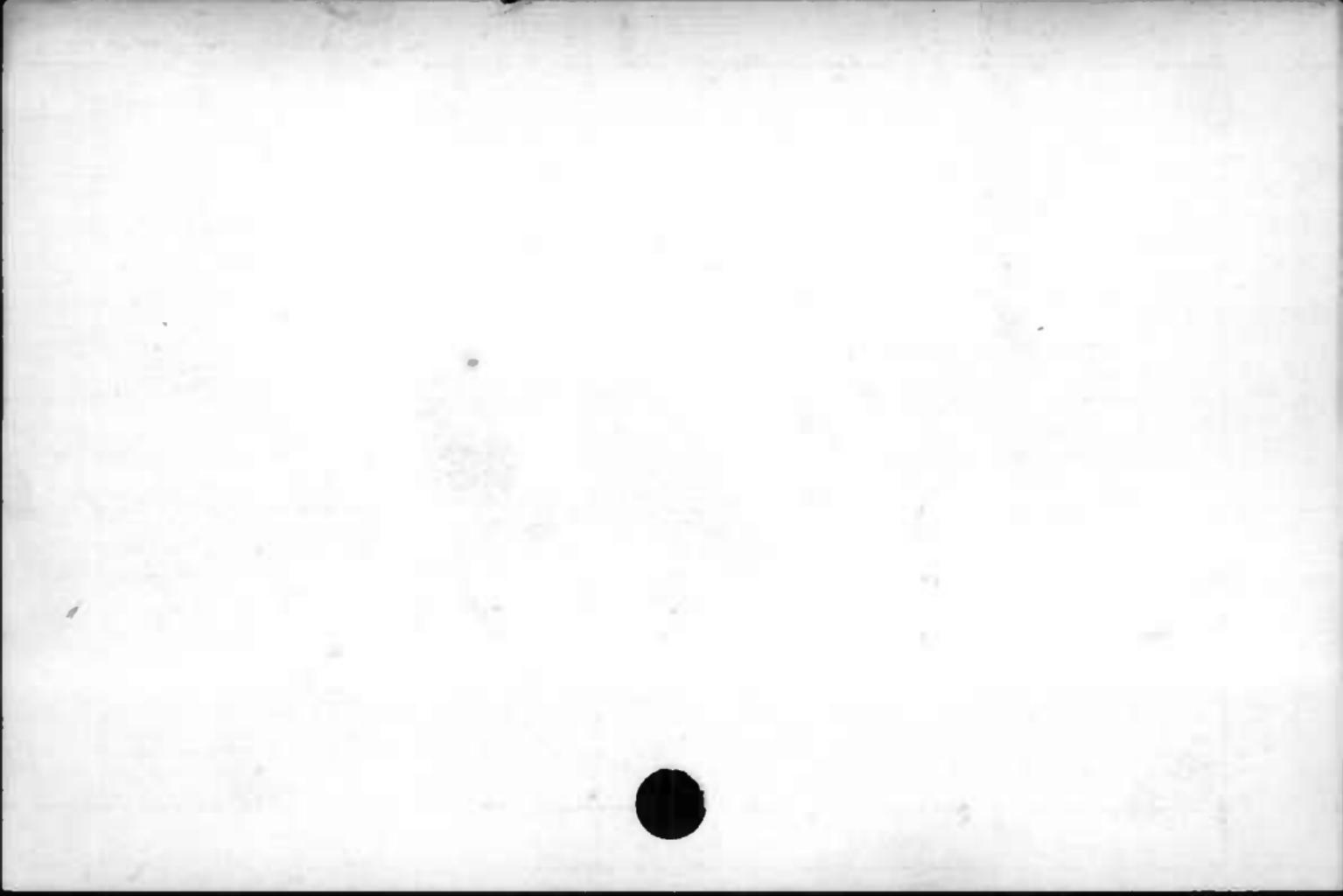
Signature of  
Physician

Address

600 Wharfand St.  
Chestertown  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



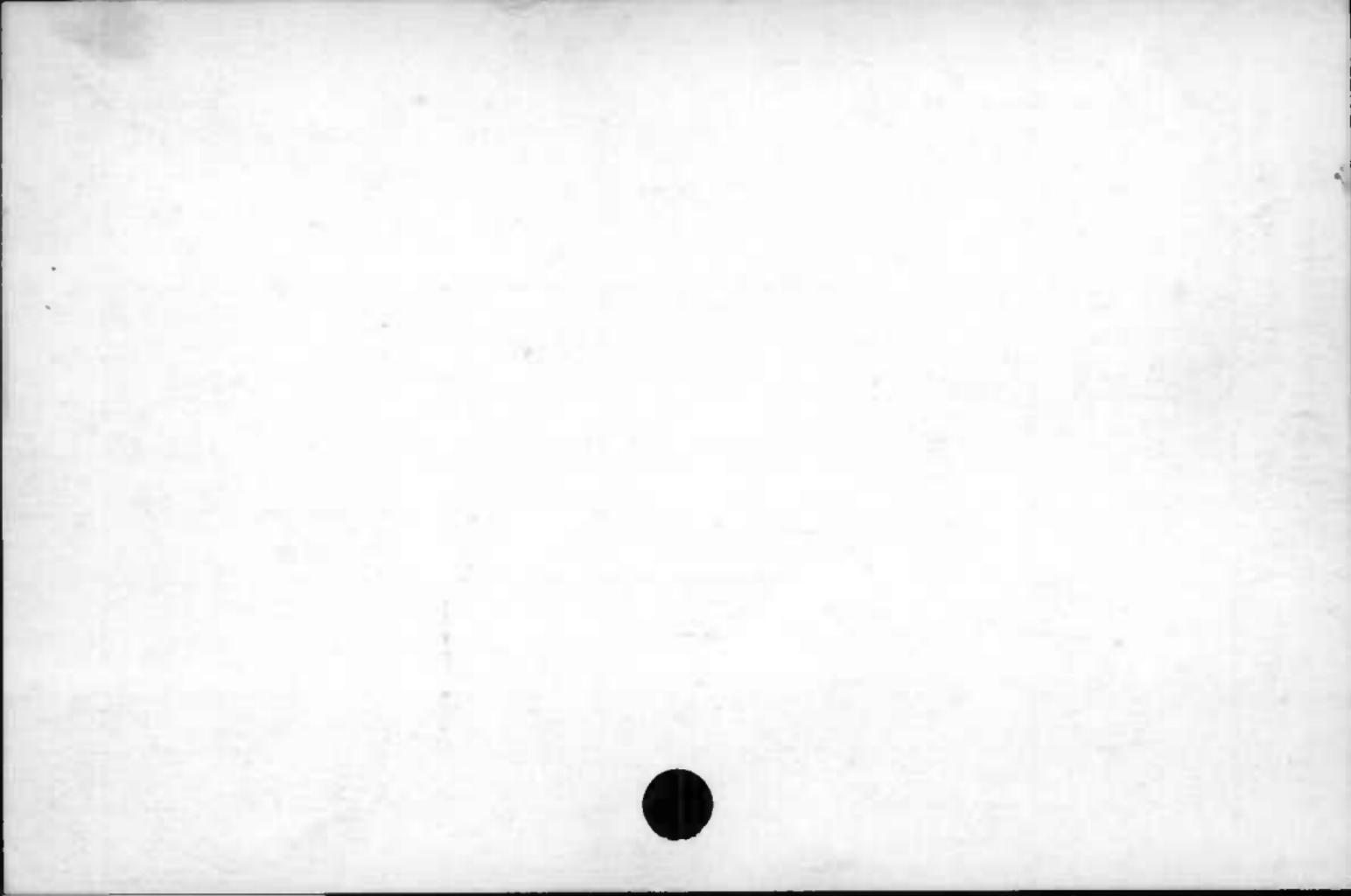
## CERTIFICATE OF DEATH

MARYLAND

Died at <u>Grays Inn</u>		Town <u>Grays Inn</u>	County <u>Kent</u>		
Date of death <u>1906 March</u>	Month <u>March</u>	Day <u>25</u>	Age <u>6 weeks</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>William Mydinsky</u>	Father's Birthplace <u>Repton</u>				
Mother's Maiden Name <u>Fransis Powlaski</u>	Mother's Birthplace <u>Balto Md</u>				
Name of person giving information <u>William Mydinsky</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

Primary <u>Pneumonia</u>	<u>93</u>	How long <u>4 day</u>
Immediate <u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. B. Beale</u>	
	Address <u>Rock Hall</u>	
Accident or Suicide?		



Name  
in  
Full

Infant

CERTIFICATE OF DEATH

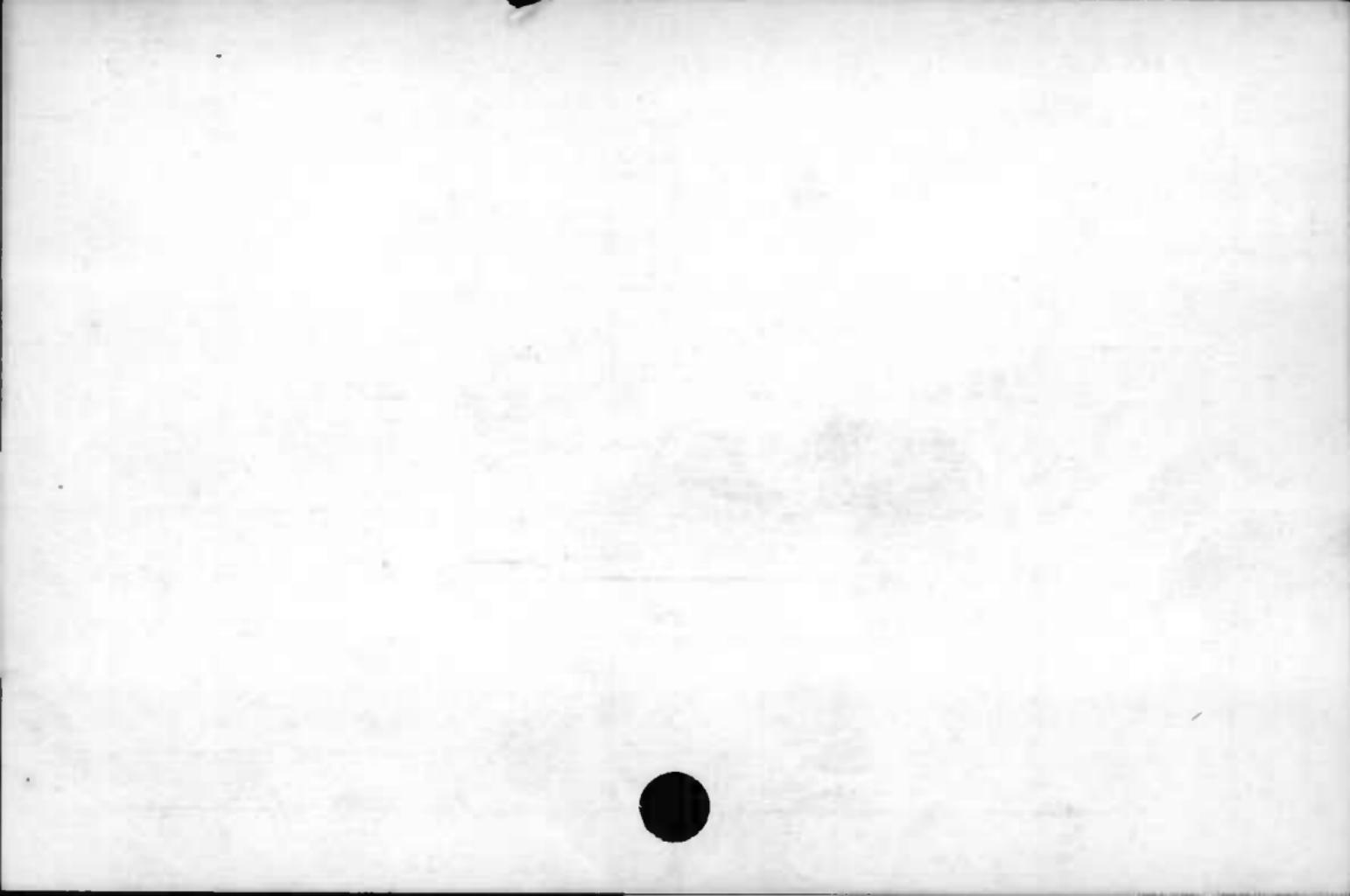
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>near</u> <u>Galena</u> Town		County <u>Kent</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>0</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>near Galena, Md</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <u>J. L. Linn</u>				
Father's Name	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name	Mother's Birthplace <u>Maryland</u>				
Name of person giving information	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary	<u>Asphyxia at birth</u>		How long
Immediate	<u>Asphyxia at birth</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Edward A. Scott</u>	Address <u>Galena, Md.</u>
Accident or Suicide?			



Name  
in  
Full

Still Born (Rawleigh)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex		Color or Race	Age	Where Residing if not at place of death		
Occupation					Birth-place	
Married, Single or Widowed		Name of Wife or Husband			Father's Birthplace	
Father's Name		Albert Rawleigh			Mother's Birthplace	
Mother's Maiden Name		Sadie E Gardner			Name of person giving information	
Name of person giving information		Albert Rawleigh			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still born

How long

Immediate

How long

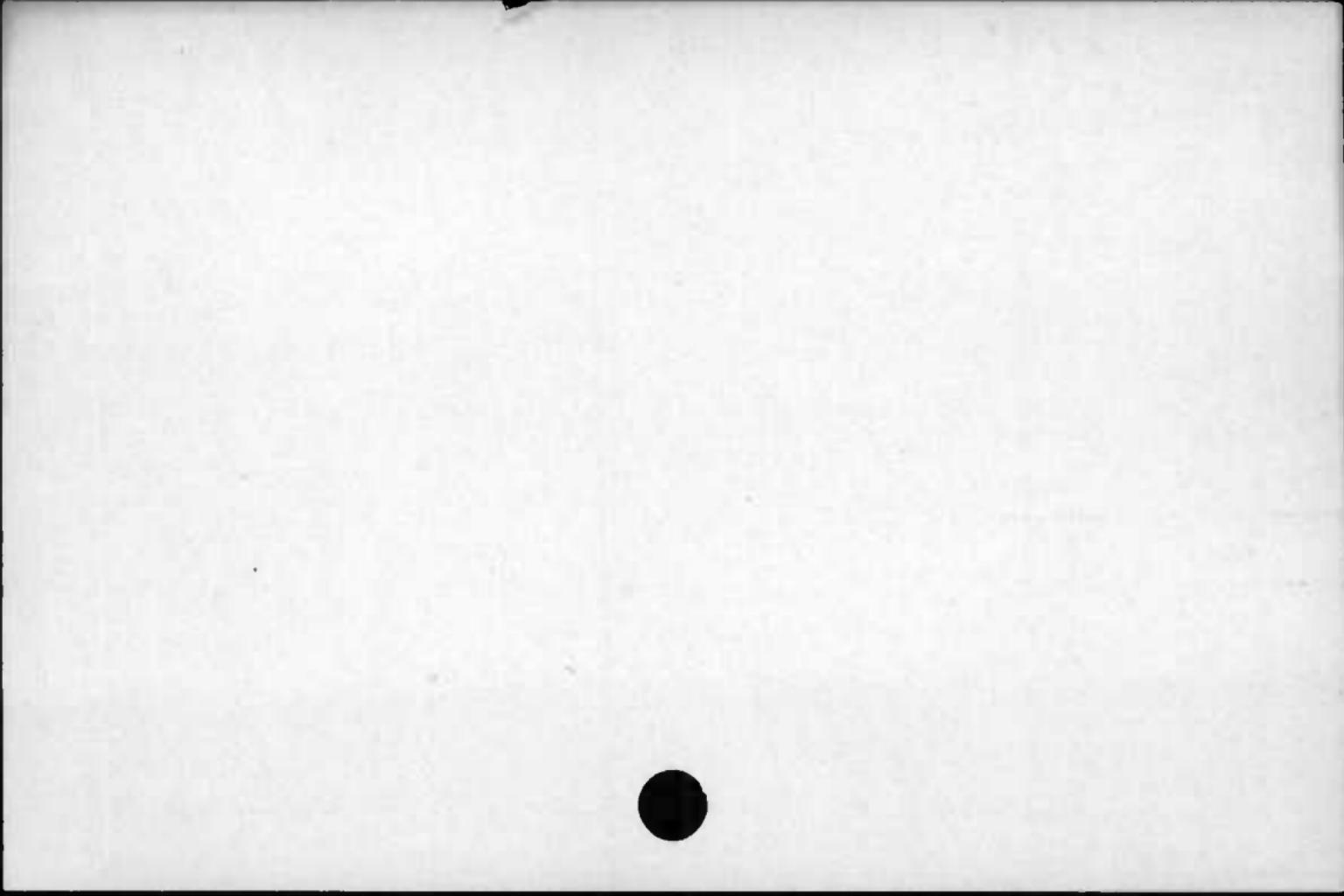
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mrs Guyser Mdn't  
Ahestertown

Accident or Suicide?



Name  
in  
Full

John P. Shelton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Golts

County

Kent

MARYLAND

Date  
of death

1906

Month

3

Day

30

Years

66

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

aphoplexy

64

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. W. Clifton M. D.

S. A. Collins, Undertaker

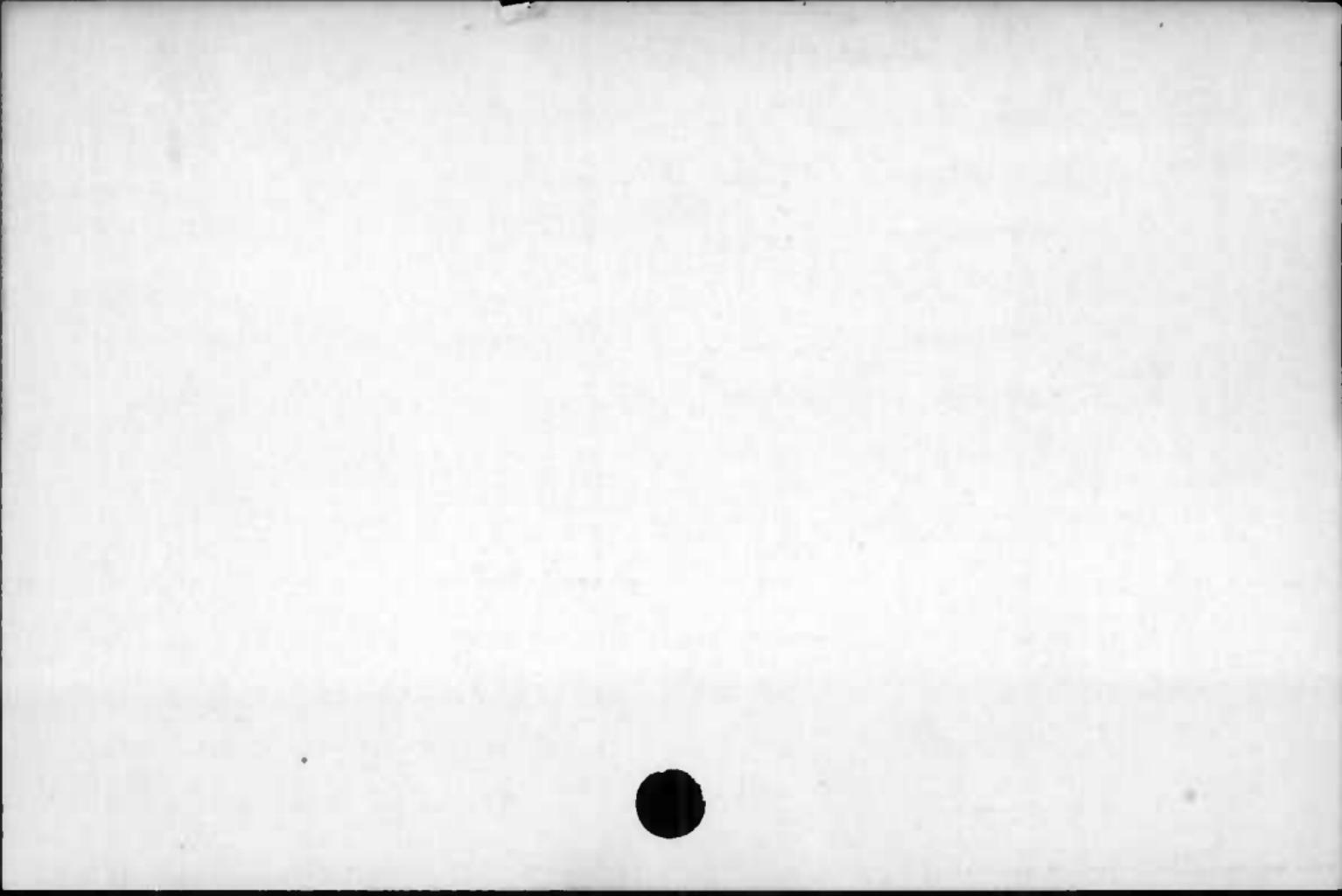
Smyrna, Del.

Accident or Suicide?

Kent Co.

Copied from Delaware blank

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Blue Point, New York</u> County <u>Stuts.</u>				MARYLAND	
Date of death	Month	Day	Age	Years	Months Days
1906	Nov	27	63	1	14
Sex	Frances	Color or Race	Blacks	Birth-place	N.W.
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	Bessieine Stewart		
Father's Name	Perry Brown.				
Mother's Maiden Name	Mary E. Conaway				
Name of person giving information	Mrs. F. Stewart				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	16	How long
	Immediate		2 1/2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Accident or Suicide?		J. W. Conaway, Blue Point.	



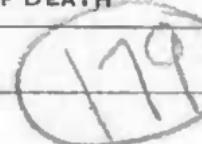
Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<h1>Clorid Susco</h1>				CERTIFICATE OF DEATH		
Died at <b>Rock Hall</b>		Town	County <b>Kent</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>March</b>	Day <b>30</b>	Age <b>1</b>	Years <b>1</b>	Months <b>1</b>	Days <b>—</b>
Sex <b>Male</b>	Color or Race <b>Black</b>			Birth-place <b>Kent Co Md</b>		
Occupation <b>—</b>	Where Residing if not at place of death <b>—</b>					<b>—</b>
Married, Single or Widowed <b>—</b>	Name of Wife or Husband <b>—</b>					
Father's Name <b>Robert Susco</b>				Father's Birthplace <b>Maryland</b>		
Mother's Maiden Name <b>Ida Brookins</b>				Mother's Birthplace <b>Md</b>		
Name of person giving Information <b>Robert Susco</b>				How related to deceased <b>Father</b>		

CAUSES OF DEATH

Primary **not Known**  How long  
Immediate **No Dr Attending** How long

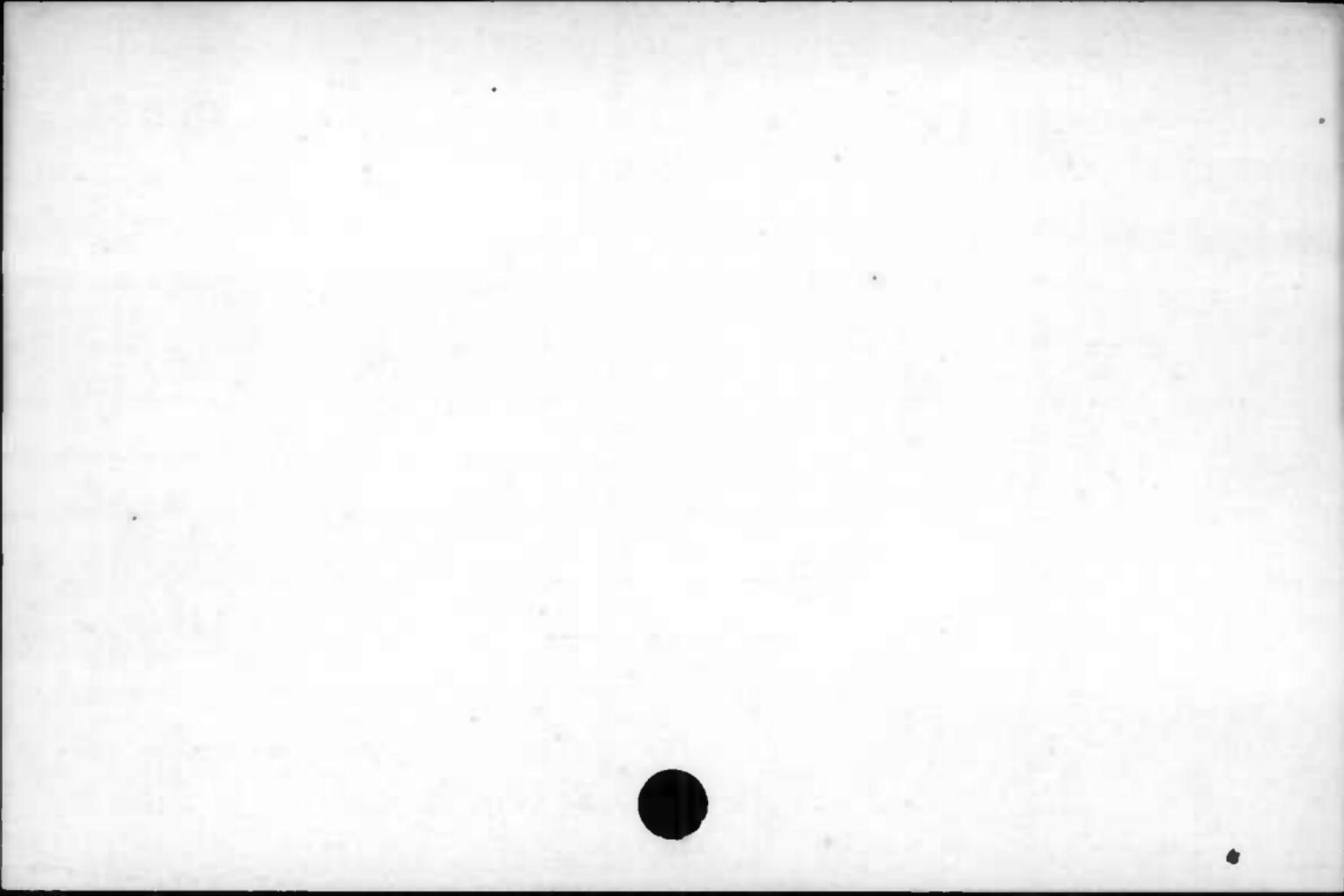
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

**J.M. Satterfield SR**  
**Rock Hall Md**

Address

Accident or Suicide?



Name  
In  
Full

John Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date of death	Month	Day		Years	Age	Months	Days	
1906	March.	9.		60		—	—	
Sex	Male.	Color or Race	Black.	Birth- place	1st co md			
Occupation	Conc.	Where Residing if not at place of death			✓			
Married, Single or Widowed	W. divd	Name of Wife or Husband	✓					
Father's Name	John Garrison Thomas.			Father's Birthplace	1st co md			
Mother's Maiden Name	Margt. Reinhard			Mother's Birthplace	1st co md			
Name of person giving Information	John Garrison Thomas			How related to deceased	Son.			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Suff'g Rina

(65)

How long

3 yrs

Immediate

Exhaustion

Signature of  
Physician

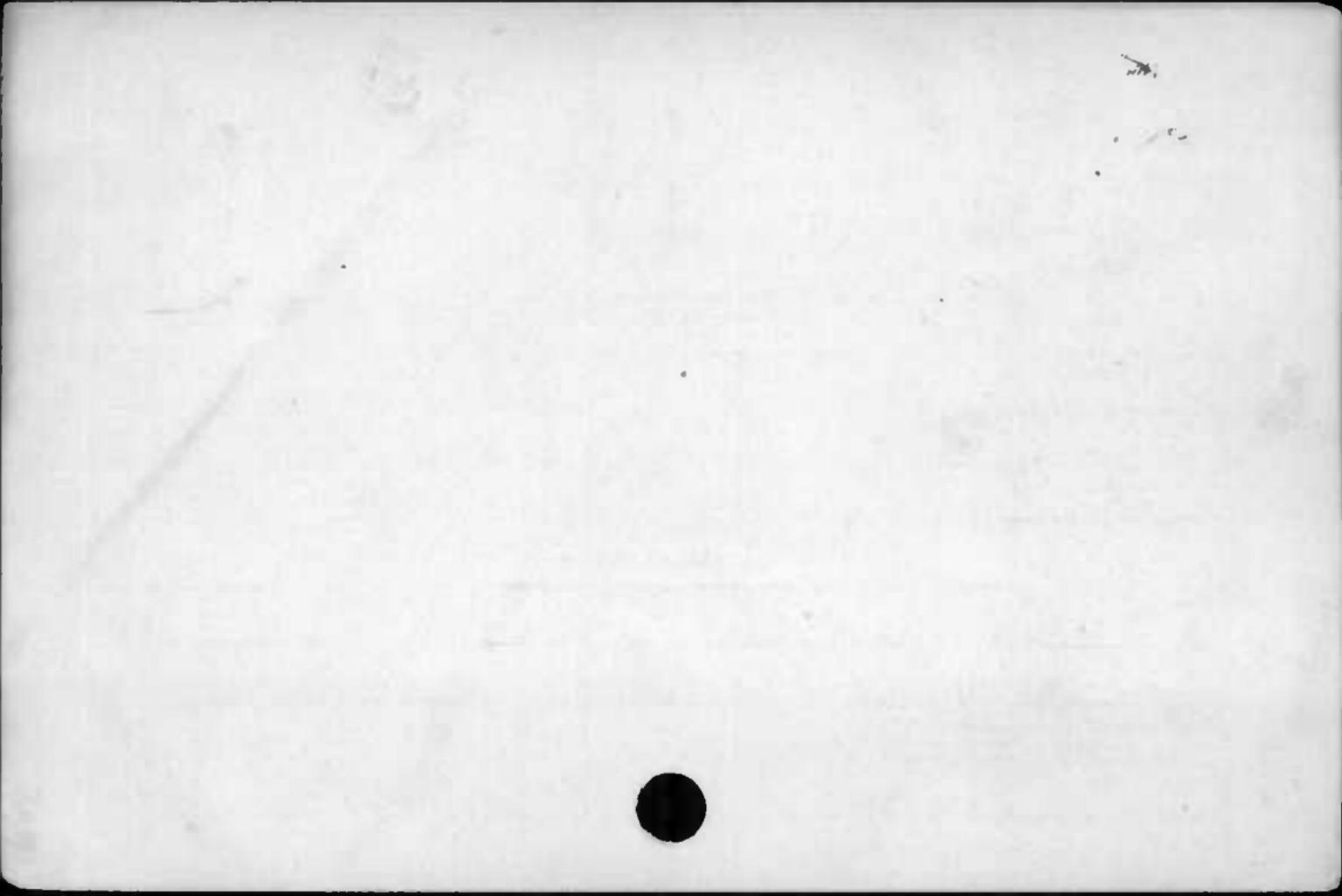
Address

Dr Wheland MD  
Hobart Md

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Accident ~~or~~ suicide?



Name  
in  
Full

Elizabeth. Thompson.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Millington</u> Town		County <u>Went</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>10</u>	Years <u>About 85</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hemiplegia

66

How long

13 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H M Peter M.D.  
Millington, Md.

Accident or Suicide?



Joseph Powe

Town

County

Near Chesterburn, Kent

MARYLAND

Died

Month

Day

Y.

M.

D.

Native of

Date

1906, March 29

Age

70

Native of

Male

White

Age  
Married

Widow

Divorced

Occupation

Farmer

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5-

Husband  
of

Wife

Father's

Name

Mother's

Name

(95)

Cause of

Primary

Asthma

How long sick

Death

Immediate

Pulmonary Congestion &amp; Diphtheria

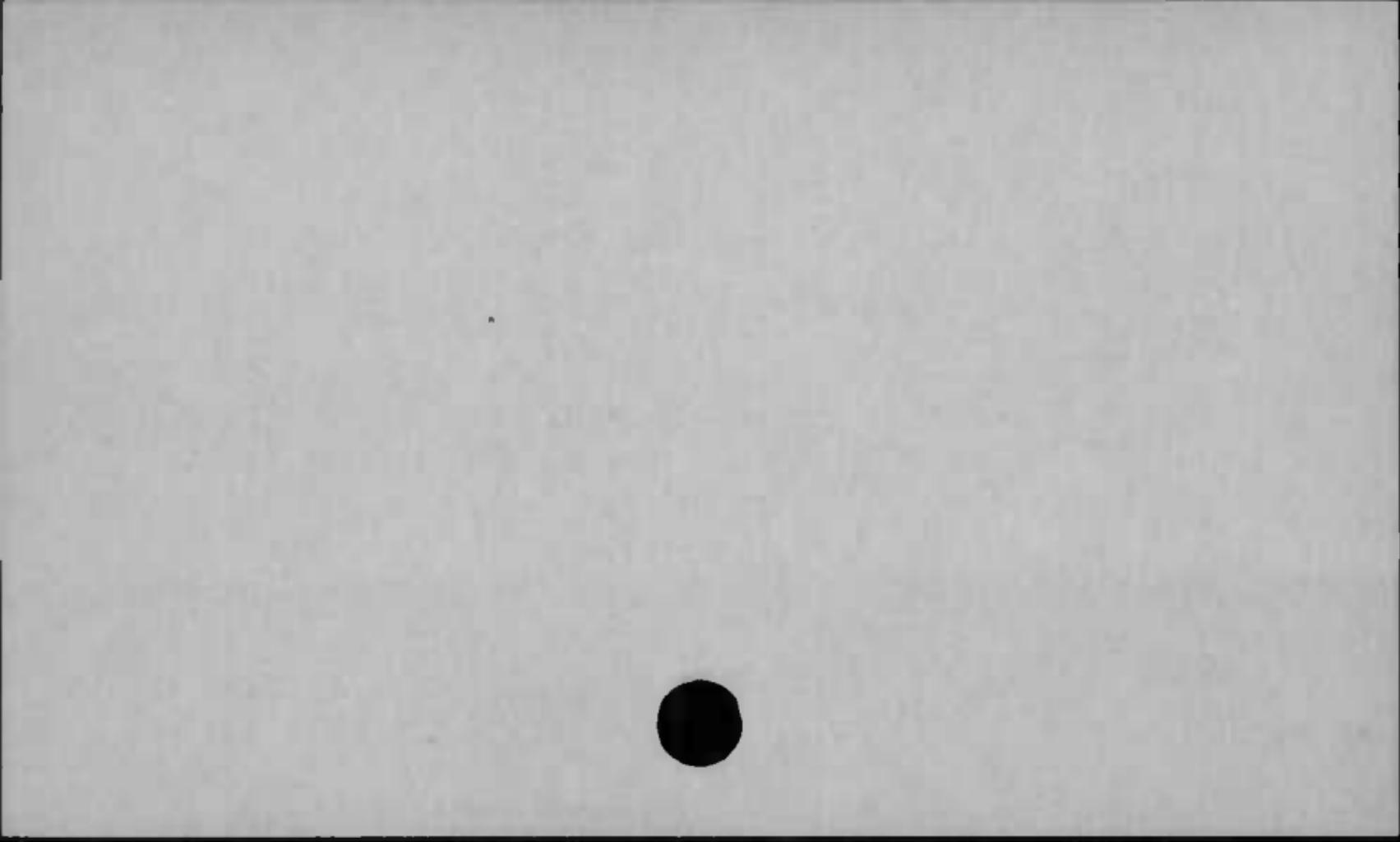
3 days -

Reported by

H. L. Dodd M.D.

Address

Chesterburn, Md. -



Samuel W. Walker

Town

County

Died at

Hawsville Kent

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

U. S.

Occupation

Sexton

1906

Mch 29

Age

68

-

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Mary Walker

Wife

Father's

Name

Samuel Walker

Mother

Name

Unknown

Cause of

Primary

Cerebral Hemorrhage 3 hours

How long sick

Death

Immediate

Complete Paralysis

Accident Suicide Homicide

Reported by

H. L. Dodge, M.D.

Address

Chesterfield Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

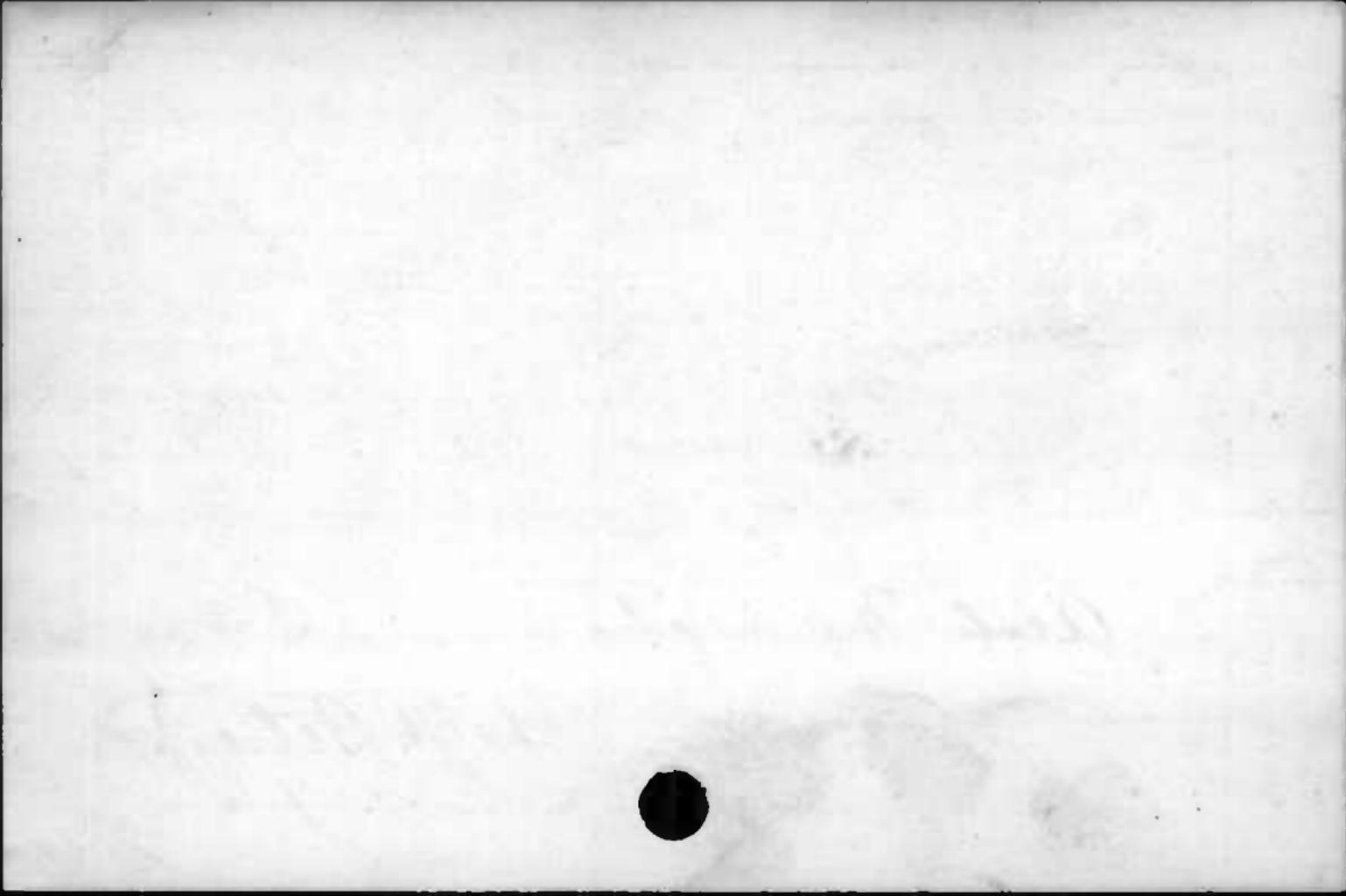
St James Church

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Jenette Elizabeth Wamsley</i>					CERTIFICATE OF DEATH	
Died at <i>Bork Hall</i>		Town	County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>9</i>	Age <i>-</i>	Years	Months <i>9</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Kent Co.</i>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <i>John Wamsley</i>	Father's Birthplace <i>Kent Co.</i>					
Mother's Maiden Name <i>Nellie Colerion</i>	Mother's Birthplace <i>Reed Co.</i>					
Name of person giving Information <i>John Wamsley</i>	How related to deceased <i>Father</i>					
CAUSES OF DEATH						
Primary	<i>Pneumonia</i>			93	How long	<i>9 days</i>
Immediate	<i>Obstruction</i>				How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?			<i>Yes</i>			
Signature of Physician			<i>Walter Kelly</i>			
Address			<i>Bork Hall Kent Co.</i>			
Accident or Suicide?						



Name  
in  
Full

George Washington Holmesley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Rock Hall	Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Cecilton	
Occupation	not any	Where Residing if not at place of death			at Pocery death	
Married, Single or Widowed	Single	Name of Wife or Husband	Hoor not been married			
Father's Name	George Holmesley			Father's Birthplace	Cecilton	
Mother's Maiden Name	Sarah M. Hale			Mother's Birthplace	Cecilton	
Name of person giving information	John Wrie			How related to deceased	not at all	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia (93)

How long

9 days

Immediate

Exhaustion

How long

one day

Are the name, age, sex, color, date and place correctly given above?

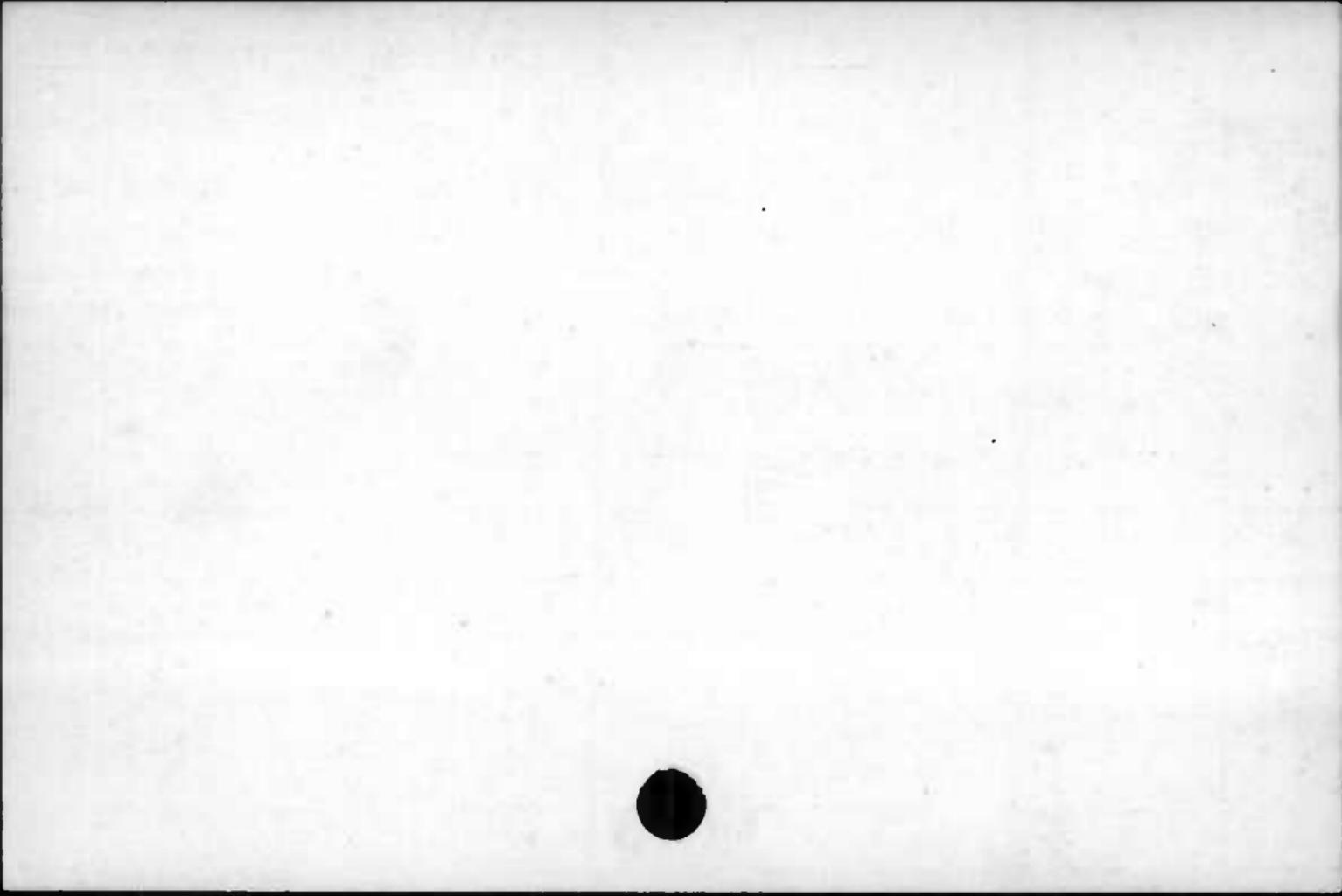
Yes

Signature of Physician

Address

Walter D. See  
Rock Hall, Del.

Accident or Suicide?



Name  
in  
Full

Harry Walter White Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Washington</u>		Town	County <u>Kent</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>3</u>	Day <u>11</u>	Age <u>4</u>	Years	Months <u>5</u>	Days <u>4</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co Md</u>					
Occupation <u>Infant</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>Harry Walter White</u>	Father's Birthplace <u>Lean Co</u>						
Mother's Maiden Name <u>Eleonora Cew</u>	Mother's Birthplace <u>Kent Co</u>						
Name of person giving information <u>Father</u>	How related to deceased						

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Acute Meningitis (6)

How long

3 wks

Immediate "

"

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

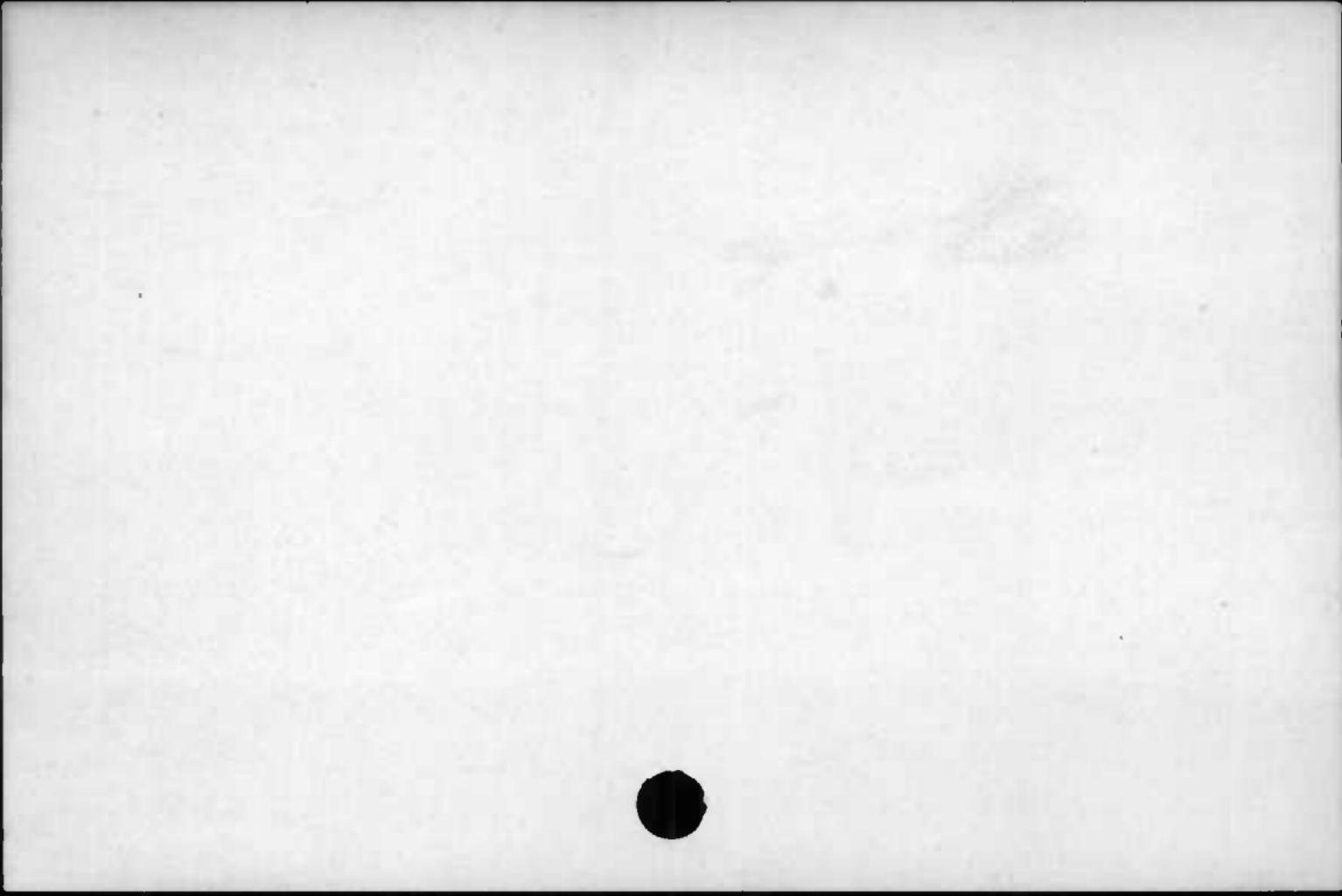
Yes

Signature of Physician

Address

Geo St. Betson Jr. M.D.  
Crumpton, Md

Accident or Suicide?



Name  
in  
Full

Arthur Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date of death	1906	Month	March	Day	31	Years	Months	Days
Sex		Color or Race	colored			Birth-place		
Occupation			Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband						
Father's Name					Father's Birthplace			
Mother's Maiden Name					Mother's Birthplace			
Name of person giving information					How related to deceased			

160

CAUSES OF DEATH

Primary	Sink of Tree falling on head		How long	
Immediate	Concussion of Brain.		3 days.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. Bringe Simmons	
		Address	Chestertown Md	
Accident or Suicide?		No		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Rachel Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	45	
Occupation	Farm dress		Where Residing If not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Henry Wright		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Ann Jones		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cirrhosis of liver 112 How long  
annual months

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

109 Impers

Chesterstown

Accident or Suicide?

No

SEF  
Chuk